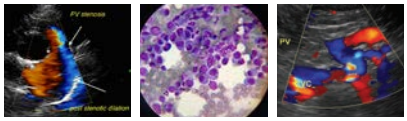
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/29/23

PATIENT

Simba Broccolo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/1/13

WEIGHT

11.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

46250

PRESENTING CLINICAL SIGNS

Referral from Abbey rDVM is recommending fluids and ultrasound. He said possible severe IBS or intestinal cancer. Simba barely ate or drank today and seems lethargic. rDVM phone call: - 3 weeks ago bloody diarrhea, weight loss - 3/16 Fecal negative; Exam nsf, PE: 12.9 lbs - Started Royal Canin GI + proviable, no improvement - 3/27 Abbey: 11.6 lbs, abdomen not painful - Diagnostics: 1. Geriatric profile: Neu 25k, 2. No signs of UTI 3. Xrays NONE YET - Ate small amount of wet food today – Discussed IBS, neoplasia, Peritonitis - Given B12, metronidazole, Diagel yesterday and 1 today ATO in room: - 3 weeks ago had diarrhea 2-3x/ day, smaller amounts then developed blood - Small puddles of diarrhea - Has another cat unsure who is who - Now defecating on floor – Normally a lap cat - Lost about 4 lbs - Does cough up things but stopped, periodically vomiting food- every 2 weeks. Will vomit up solid food, but does gag frequently - Loss of appetite - Rx wet food royal canin GI + powder - No medical hx, owned since kitten, adopted from BARCs, thinks FELV/FIV negative, indoor only - Other cat no GI signs- 10 yrs ago possible stroke/ seizure ATO- had head tilt.

Current Medications: Buprenorphine, Gabapentin.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.15 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined without evident adrenal gland pathology.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The colon is diffusely markedly thick, measuring between 0.75-0.91 cm with a diffusely hypoechoic wall and loss of mural detail/loss of layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is a small amount of anechoic free fluid throughout the images.

Colonic lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- **Diffusely thick colon/colonic mass** – Most concerning for infiltrative neoplasia such as lymphoma versus other. A benign infectious, parasitic, inflammatory, etc. disease is possiblt but considered exceedingly less likely.
- **Aggressive colonic lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Small amount of anechoic free fluid
- Chronic active pancreatitis

SECONDARY FINDINGS

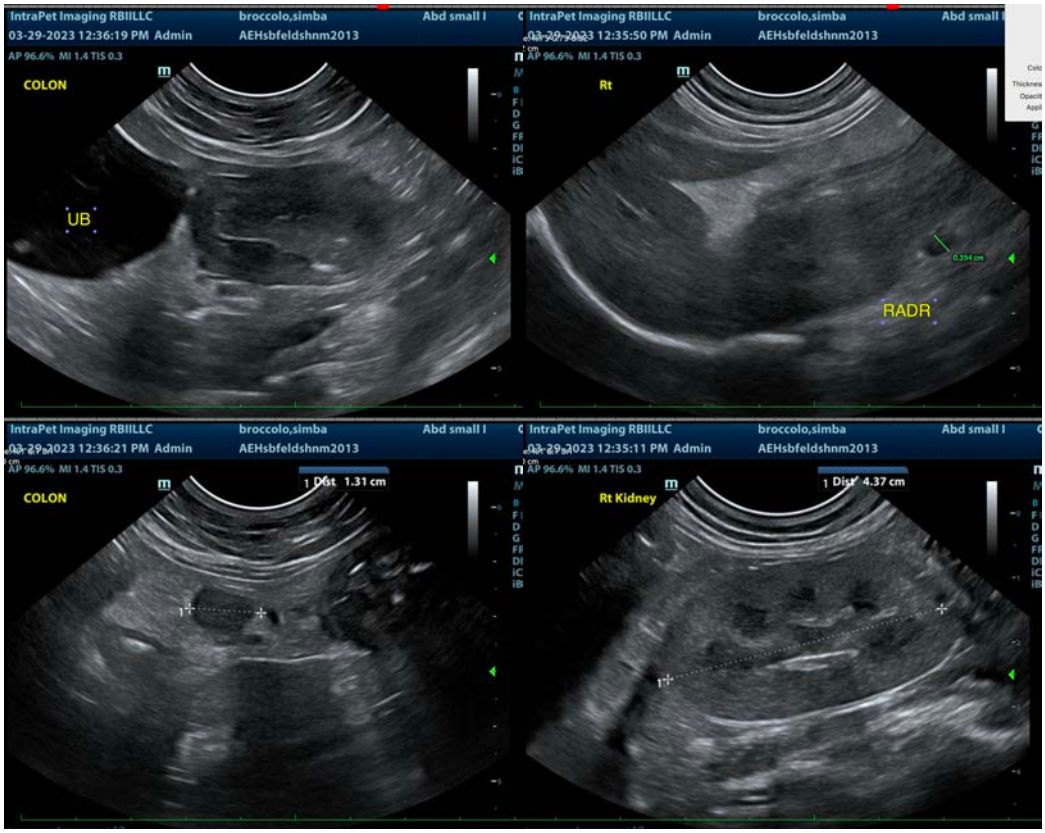
- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

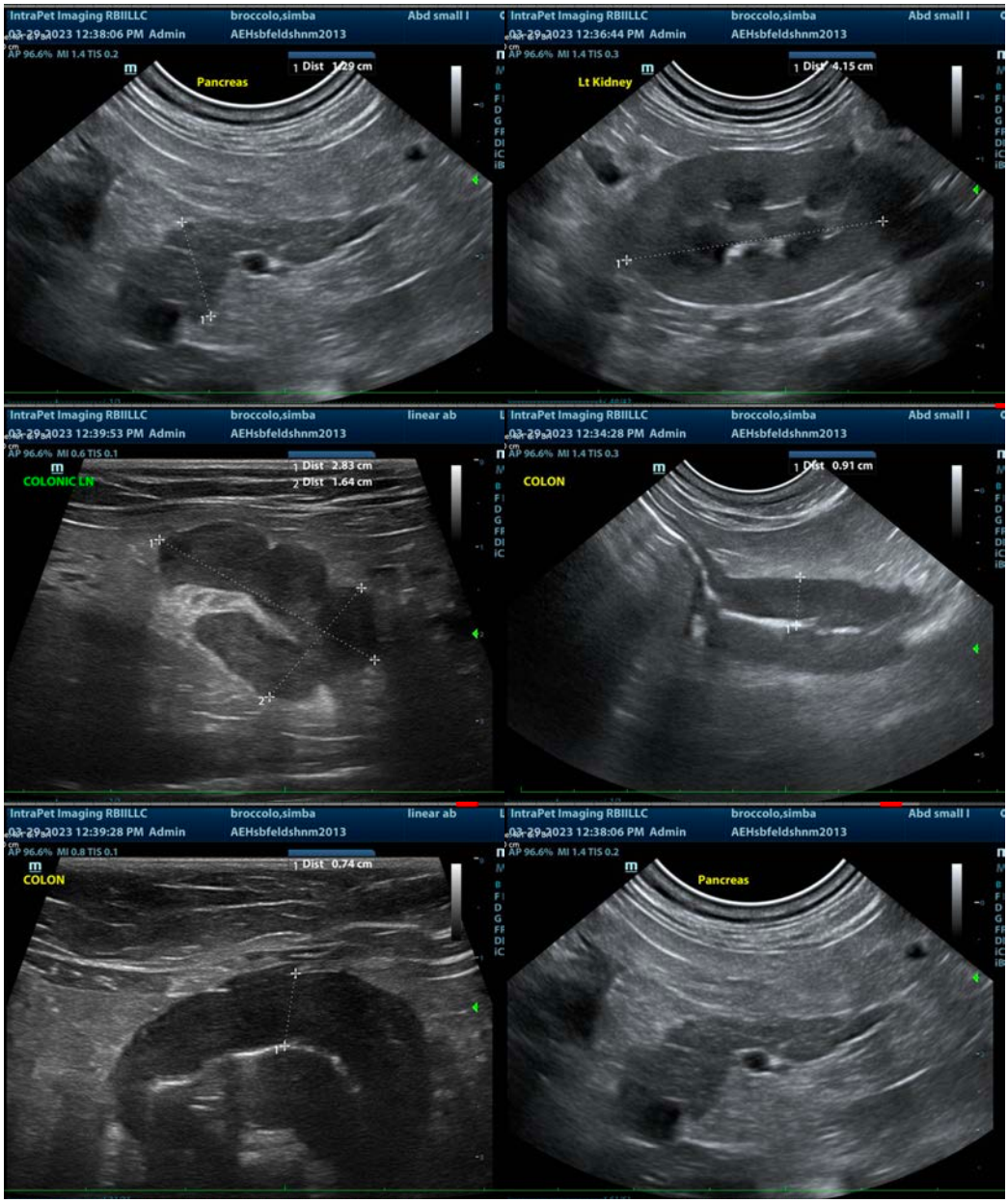
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

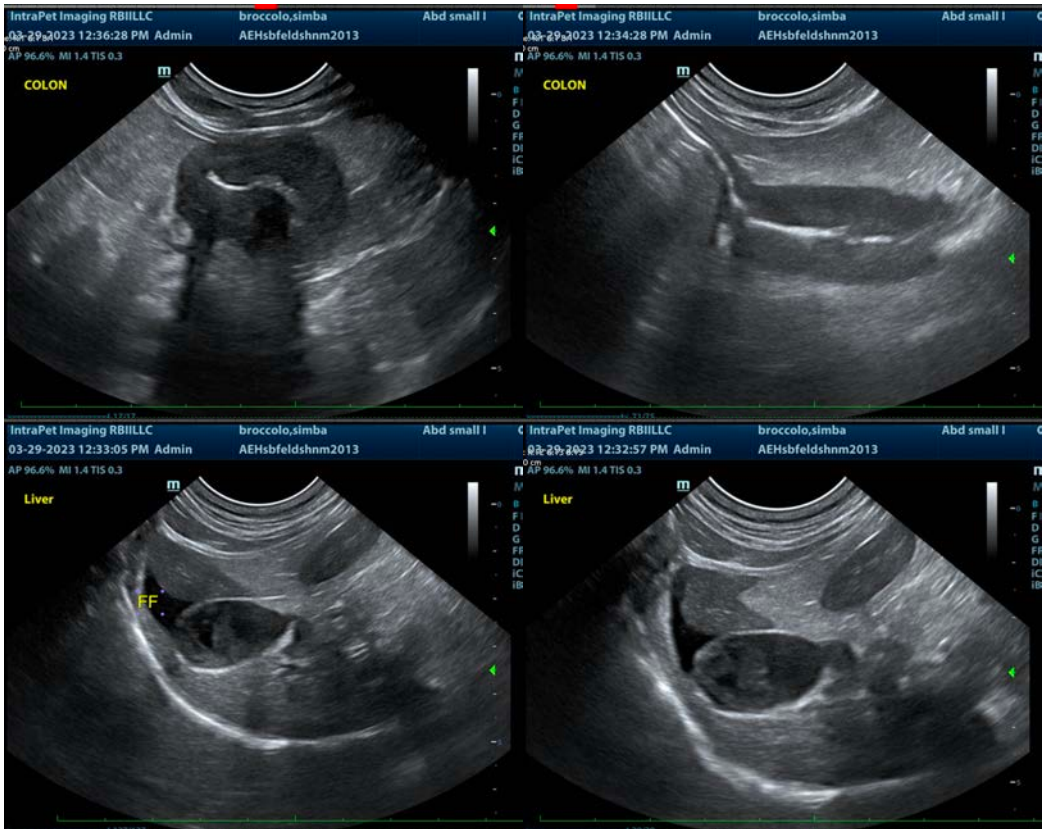
Fine needle aspirates of the colonic lymph nodes +/- the colonic wall are recommended if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If a diagnosis cannot be obtained cytologically, colonoscopy for further evaluation and biopsies should be considered. If a diagnosis of infiltrative neoplasia is not obtained, further evaluation for parasitic and/or other infectious, bacterial, fungal, etc. causes should be evaluated in terms of fecal exam, A fecal enteropathogen PCR panel to Texas A&M GI Laboratory, and if geographically appropriate, histoplasma urine antigen to MiraVista.




IntraPet Imaging RBIILLC
broccolo,simba
Abd small I
03-29-2023 12:38:06 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 1.4 TIS 0.2
Pancreas
1 Dist 1.29 cm
IntraPet Imaging RBIILLC
broccolo,simba
Abd small I
03-29-2023 12:36:44 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 4.15 cm
IntraPet Imaging RBIILLC
broccolo,simba
linear ab
03-29-2023 12:39:53 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 0.6 TIS 0.1
COLONIC LN
1 Dist 2.83 cm
2 Dist 1.64 cm
IntraPet Imaging RBIILLC
broccolo,simba
Abd small I
03-29-2023 12:34:28 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 1.4 TIS 0.3
COLON
1 Dist 0.91 cm
IntraPet Imaging RBIILLC
broccolo,simba
linear ab
03-29-2023 12:39:28 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 0.8 TIS 0.1
COLON
1 Dist 0.74 cm
IntraPet Imaging RBIILLC
broccolo,simba
Abd small I
03-29-2023 12:38:06 PM Admin
AEHsbfeldshnm2013
AP 96.6% MI 1.4 TIS 0.2
Pancreas



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com